Human Caspase 8 ELISA Kit

Enzyme-linked Immunosorbent Assay for quantitative detection of human Caspase 8

Catalog Numbers BMS2024 or BMS2024TEN

Pub. No. MAN0016484 **Rev.** A.0 (30)

WARNING! Read the Safety Data Sheets (SDSs) and follow the handling instructions. Wear appropriate protective eyewear, clothing, and gloves. Safety Data Sheets (SDSs) are available from **thermofisher.com/support**.

Product description

The Human Caspase 8 ELISA Kit is an enzyme-linked immunosorbent assay for the quantitative detection of human Caspase 8.

Summary

Caspases are the executioners of apoptosis. These cysteine protease family consists of more than 10 related members characterized by almost absolute specificity for aspartic acid in the P1 position. Caspases are synthesized as inactive proenzymes comprising an N-terminal peptide together with one large and one small subunit. Activation of caspases during apoptosis results in the cleavage of critical cellular substrates so precipitating the dramatic morphological changes of apoptosis.

Apoptosis induced by CD95 (Fas/APO-1) and tumor necrosis factor activates Caspase 8 (MACH/FLICE/Mch5) so providing a direct link between cell death receptors and the caspases, caspase 8 being at the apex of the apoptotic cascade. caspase 8 is a 55 kDa protein binding the death effector domain of FADD. A total of eight different iso forms of FLICE have been described, only two of them being predominantly expressed. The CASP8 gene contains at least 11 exons spanning approximately 30 Kb on human chromosome band 2q33-34.

The protein encoded shows a complex tertiary structure. Apart from being activated by CD95 cleavage of caspase 8 by granzymeB during T-lymphocyte induced apoptosis has been shown.

Further digomerization at the membrane turned out to be sufficient for caspase 8 autoactivation. The apoptosis induction by caspase 8 is then amplified through the mitochondrial release of cytochrome c.

FLIP was shown to be a regulatory protein of lymphocyte proliferation and death and germinal center B cell apoptosis, its expression inhibits T-cell activation. On the other hand FLIP(L), the long form of the protein, activates caspase 8 by forming heterodimeric structures.

Caspase 8 plays an important role in all physiological disorders where apoptosis is involved primarily in the development (and treatment) of tumors and cardiac diseases.

For literature update refer to our website.

Principles of the test

An anti-human Caspase 8 coating antibody is adsorbed onto microwells.

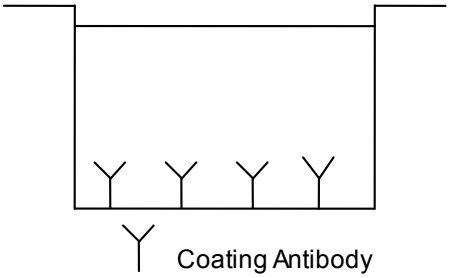

Fig. 1 Coated microwell

Human Caspase 8 present in the sample or standard binds to antibodies adsorbed to the microwells. The detection antibody binds to human Caspase 8 captured by the first antibody.

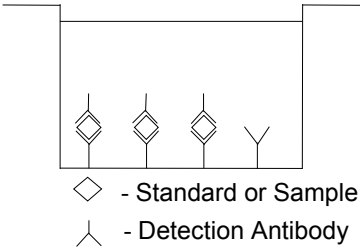

Fig. 2 First incubation

Following incubation unbound detection antibody is removed during a wash step. Anti-rabbit-IgG-HRP is added and binds to the Detection Antibody.

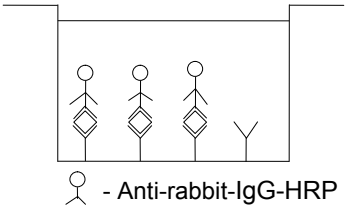

Fig. 3 Second incubation

Following incubation unbound anti-rabbit-IgG-HRP is removed during a wash step, and substrate solution reactive with HRP is added to the wells.

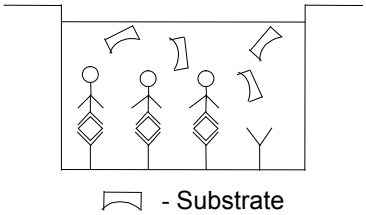

Fig. 4 Third incubation

A colored product is formed in proportion to the amount of human Caspase 8 present in the sample or standard. The reaction is terminated by addition of acid and absorbance is measured at 450 nm.

A standard curve is prepared from 7 human Caspase 8 standard dilutions and human Caspase 8 concentration determined.

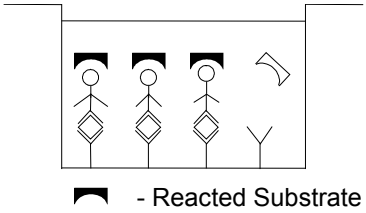

Fig. 5 Stop reaction

Reagents provided

Reagents for human Caspase 8 ELISA BMS2024 (96 tests)

1 aluminum pouch with a Microwell Plate (12 strips of 8 wells each) coated with monoclonal antibody to human Caspase 8

1 vial (70 µL) anti-human Caspase 8 polyclonal (rabbit) Detection Antibody

1 vial (10 µL) Anti-rabbit-IgG-HRP

2 vials human Caspase 8 Standard lyophilized, 20.00 ng/mL upon reconstitution

1 vial (12 mL) Sample Diluent

1 vial (5 mL) Assay Buffer Concentrate 20x (PBS with 1% Tween™ 20, 10% BSA)

1 bottle (50 mL) Wash Buffer Concentrate 20x (PBS with 1% Tween™ 20)

1 bottle (15 mL) Lysis Buffer 10x

1 vial (15 mL) Substrate Solution (tetramethyl-benzidine)

1 vial (15 mL) Stop Solution (1M Phosphoric acid)

4 Adhesive Films

Reagents for human Caspase 8 ELISA BMS2024TEN (10x96 tests)

10 aluminum pouches with a Microwell Plate (12 strips of 8 wells each) coated with monoclonal antibody to human Caspase 8

10 vials (70 µL) anti-human Caspase 8 polyclonal (rabbit) Detection Antibody

10 vials (10 µL) Anti-rabbit-IgG-HRP

10 vials human Caspase 8 Standard lyophilized, 20.00 ng/mL upon reconstitution

7 vials (12 mL) Sample Diluent

2 vials (5 mL) Assay Buffer Concentrate 20x (PBS with 1% Tween™ 20, 10% BSA)

4 bottles (50 mL) Wash Buffer Concentrate 20x (PBS with 1% Tween™ 20)

10 bottles (15 mL) Lysis Buffer 10x

10 vials (15 mL) Substrate Solution (tetramethyl-benzidine)

1 vial (100 mL) Stop Solution (1M Phosphoric acid)

20 Adhesive Films

Storage instructions – ELISA kit

Store kit reagents between 2° and 8°C. Immediately after use remaining reagents should be returned to cold storage (2° to 8°C). Expiry of the kit and reagents is stated on labels.

Expiry of the kit components can only be guaranteed if the components are stored properly, and if, in case of repeated use of one component, this reagent is not contaminated by the first handling.

Sample collection and storage instructions

Cell culture supernatant, cell lysate, and serum were tested with this assay. Other biological samples might be suitable for use in the assay. Remove serum from the clot as soon as possible after clotting.

Pay attention to a possible *Hook Effect* due to high sample concentrations (see "Calculation of results" on page 5).

Samples containing a visible precipitate must be clarified prior to use in the assay. Do not use grossly hemolyzed or lipemic samples.

Samples should be aliquoted and must be stored frozen at –20°C to avoid loss of bioactive human Caspase 8. If samples are to be run within 24 hours, they may be stored at 2–8°C (for sample stability refer to "Sample stability" on page 6).

Avoid repeated freeze-thaw cycles. Prior to assay, the frozen sample should be brought to room temperature slowly and mixed gently.

Materials required but not provided

- 5 mL and 10 mL graduated pipettes
- 5 µL to 1000 µL adjustable single channel micropipettes with disposable tips
- 50 µL to 300 µL adjustable multichannel micropipette with disposable tips
- Multichannel micropipette reservoir
- Beakers, flasks, cylinders necessary for preparation of reagents
- Device for delivery of wash solution (multichannel wash bottle or automatic wash system)
- Microwell strip reader capable of reading at 450 nm (620 nm as optional reference wave length)
- Glass-distilled or deionized water
- Statistical calculator with program to perform regression analysis

Precautions for use

- All chemicals should be considered as potentially hazardous. We therefore recommend that this product is handled only by those persons who have been trained in laboratory techniques and that it is used in accordance with the principles of good laboratory practice. Wear suitable protective clothing such as laboratory overalls, safety glasses and gloves. Care should be taken to avoid contact with skin or eyes. In the case of contact with skin or eyes wash immediately with water. See material safety data sheet(s) and/or safety statement(s) for specific advice.
- Reagents are intended for research use only and are not for use in diagnostic or therapeutic procedures.
- Do not mix or substitute reagents with those from other lots or other sources.
- Do not use kit reagents beyond expiration date on label.
- Do not expose kit reagents to strong light during storage or incubation.
- Do not pipet by mouth.
- Do not eat or smoke in areas where kit reagents or samples are handled.
- Avoid contact of skin or mucous membranes with kit reagents or samples.
- Rubber or disposable latex gloves should be worn while handling kit reagents or samples.
- Avoid contact of substrate solution with oxidizing agents and metal.
- Avoid splashing or generation of aerosols.
- To avoid microbial contamination or cross-contamination of reagents or samples that may invalidate the test, use disposable pipette tips and/or pipettes.
- Use clean, dedicated reagent trays for dispensing the conjugate and substrate reagent.
- Exposure to acid inactivates the conjugate.
- Glass-distilled water or deionized water must be used for reagent preparation.
- Substrate solution must be at room temperature prior to use.

- Decontaminate and dispose samples and all potentially contaminated materials as if they could contain infectious agents. The preferred method of decontamination is autoclaving for a minimum of 1 hour at 121.5°C.
- Liquid wastes not containing acid and neutralized waste may be mixed with sodium hypochlorite in volumes such that the final mixture contains 1.0% sodium hypochlorite. Allow 30 minutes for effective decontamination. Liquid waste containing acid must be neutralized prior to the addition of sodium hypochlorite.

Preparation of reagents

1. Buffer Concentrates should be brought to room temperature and should be diluted before starting the test procedure.
2. If crystals have formed in the Buffer Concentrates, warm them gently until they have completely dissolved.

Wash buffer (1x)

1. Pour entire contents (50 mL) of the Wash Buffer Concentrate (20x) into a clean 1000 mL graduated cylinder. Bring to final volume of 1000 mL with glass-distilled or deionized water.
2. Mix gently to avoid foaming.
3. Transfer to a clean wash bottle and store at 2° to 25°C. Please note that Wash Buffer (1x) is stable for 30 days.
4. Wash Buffer (1x) may also be prepared as needed according to the following table:

Number of Strips	Wash Buffer Concentrate (20x) (mL)	Distilled Water (mL)
1 - 6	25	475
1 - 12	50	950

Assay buffer (1x)

1. Pour the entire contents (5 mL) of the Assay Buffer Concentrate (20x) into a clean 100 mL graduated cylinder. Bring to final volume of 100 mL with distilled water. Mix gently to avoid foaming.
2. Store at 2° to 8°C. Please note that the Assay Buffer (1x) is stable for 30 days.
3. Assay Buffer (1x) may also be prepared as needed according to the following table:

Number of Strips	Assay Buffer Concentrate (20x) (mL)	Distilled Water (mL)
1 - 6	2.5	47.5
1 - 12	5.0	95.0

Lysis buffer

Pour the entire contents (15 mL) of the Lysis Buffer Concentrate (10x) into a clean 150 mL graduated cylinder. Bring to final volume of 150 mL with distilled or deionized water and mix gently. Store at room temperature. Please note that the Lysis Buffer is stable for 30 days.

Detection antibody

Note: The Detection Antibody should be used within 30 minutes after dilution.

Make a 1:100 dilution of the concentrated Detection Antibody solution with Assay Buffer (1x) in a clean plastic tube as needed according to the following table:

Number of Strips	Detection Antibody (mL)	Assay Buffer (1x) (mL)
1 - 6	0.03	2.97
1 - 12	0.06	5.94

Anti-rabbit-IgG-HRP

Note: The anti-rabbit-IgG-HRP should be used within 30 minutes after dilution.

Make a 1:2000 dilution of the concentrated anti-rabbit-IgG-HRP solution as needed according to the following table:

Number of Strips	Anti-rabbit-IgG-HRP (mL)	Assay Buffer (1x) (mL)
1 - 6	0.003	6.000
1 - 12	0.006	12.000

Human caspase 8 standard

1. Reconstitute human Caspase 8 standard by addition of distilled water. Reconstitution volume is stated on the label of the standard vial. Swirl or mix gently to insure complete and homogeneous solubilization (concentration of reconstituted standard = 20.00 ng/mL).
2. Allow the standard to reconstitute for 10-30 minutes. Mix well prior to making dilutions.
3. After usage remaining standard cannot be stored and has to be discarded.
4. Standard dilutions can be prepared directly on the microwell plate (see “Test protocol“ on page 3) or alternatively in tubes (see “External standard dilution“ on page 3).

External standard dilution

1. Label 7 tubes, one for each standard point: S1, S2, S3, S4, S5, S6, S7.
2. Prepare 1:2 serial dilutions for the standard curve as follows: Pipette 225 µL of Sample Diluent into each tube.
3. Pipette 225 µL of reconstituted standard (concentration of standard = 20.00 ng/mL) into the first tube, labeled S1, and mix (concentration of standard 1 = 10.00 ng/mL).
4. Pipette 225 µL of this dilution into the second tube, labeled S2, and mix thoroughly before the next transfer.
5. Repeat serial dilutions 5 more times thus creating the points of the standard curve (see Figure 6).

   Sample Diluent serves as blank.

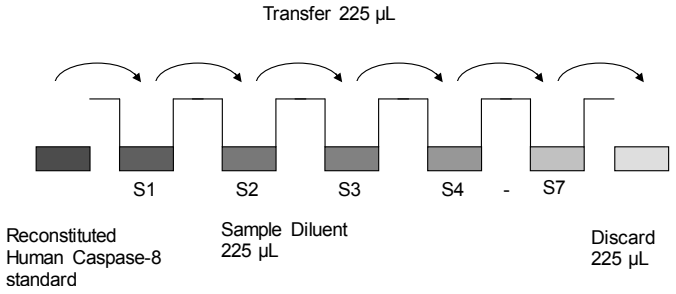

Fig. 6 Dilute standards - tubes

Test protocol

Note: In case of incubation without shaking the obtained O.D. values may be lower than indicated below. Nevertheless the results are still valid.

1. For cell lysis follow the cell lysate protocol:

   Prepare cell extracts after induction of apoptsis. Numerous extraction protocols can be used. The following protocol is provided as an example of a suitable extraction procedure.

   For suspension cells: pellet by centrifugation, remove supernatant and proceed to Addition of Lysis Buffer.

   For attached cells: remove supernatant from cells, wash cells once with PBS, harvest cells by scraping and gentle centrifugation, aspirate PBS, leaving an intact cell pellet (at this point the cell

pellet can be frozen at 80°C and lysed at a later date) and proceed to Addition of Lysis Buffer.

Addition of Lysis Buffer: resuspend the pellet in Lysis Buffer (1x) (we recommend a concentration of 5 x 10^6 cells/mL.), incubate 60 minutes at room temperature with gentle shaking, and transfer extracts to microcentrifuge tubes and centrifuge at 1000 x g for 15 minutes.

Aliquot the cleared lysate to clean microfuge tubes and continue the test procedure. (Alternatively lysates can be stored at –80°C and assayed at a later time.)

2. Samples expected to contain more than 20.0 ng/mL Caspase 8 must be diluted with Sample Diluent, according to expected human Caspase 8 values.
3. Determine the number of microwell strips required to test the desired number of samples plus appropriate number of wells needed for running blanks and standards. Each sample, standard, blank and optional control sample should be assayed in duplicate. Remove extra microwell strips from holder and store in foil bag with the desiccant provided at 2–8°C sealed tightly.
4. Wash the microwell strips twice with approximately 400 µL Wash Buffer per well with thorough aspiration of microwell contents between washes. Allow the Wash Buffer to sit in the wells for about 10–15 seconds before aspiration. Take care not to scratch the surface of the microwells.

   After the last wash step, empty wells and tap microwell strips on absorbent pad or paper towel to remove excess Wash Buffer. Use the microwell strips immediately after washing. Alternatively microwell strips can be placed upside down on a wet absorbent paper for not longer than 15 minutes. Do not allow wells to dry.
5. Standard dilution on the microwell plate (alternatively, the standard dilution can be prepared in tubes (see "External standard dilution" on page 3):

   Add 100 µL of Sample Diluent in duplicate to all standard wells. Pipette 100 µL of prepared standard (see "Human caspase 8 standard" on page 3, concentration = 20.00 ng/mL) in duplicate into well A1 and A2 (see next table). Mix the contents of wells A1 and A2 by repeated aspiration and ejection (concentration of standard 1, S1 = 10.00 ng/mL), and transfer 100 µL to wells B1 and B2, respectively (see next figure). Take care not to scratch the inner surface of the microwells. Continue this procedure five times, creating two rows of human Caspase 8 standard dilutions ranging from 10.00–0.16 ng/mL. Discard 100 µL of the contents from the last microwells (G1, G2) used.

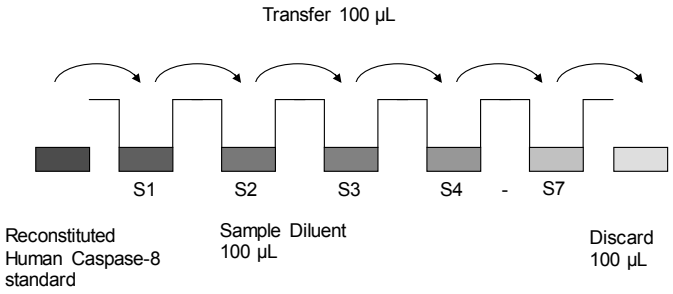

Fig. 7 Dilute standards - microwell plate.

In case of an external standard dilution (see "External standard dilution" on page 3), pipette 100 µL of these standard dilutions (S1–S7) in the standard wells according to the following table.

Table 1 Example of the arrangement of blanks, standards, and samples in the microwell strips.

	1	2	3	4
A	Standard 1 10.00 ng/mL	Standard 1 10.00 ng/mL	Sample 1	Sample 1
B	Standard 2 5.00 ng/mL	Standard 2 5.00 ng/mL	Sample 2	Sample 2
C	Standard 3 2.50 ng/mL	Standard 3 2.50 ng/mL)	Sample 3	Sample 3
D	Standard 4 1.25 ng/mL	Standard 4 1.25 ng/mL	Sample 4	Sample 4
E	Standard 5 0.63 ng/mL	Standard 5 0.63 ng/mL	Sample 5	Sample 5
F	Standard 6 0.31 ng/mL	Standard 6 0.31 ng/mL	Sample 6	Sample 6
G	Standard 7 0.16 ng/mL	Standard 7 0.16 ng/mL	Sample 7	Sample 7
H	Blank	Blank	Sample 8	Sample 8

6. Add 100 µL of Sample Diluent in duplicate to the blank wells.
7. Add 50 µL of Sample Diluent to the sample wells.
8. Add 50 µL of each sample in duplicate to the sample wells.
9. Prepare the Detection Antibody (see "Detection antibody" on page 3).
10. Add 50 µL of Detection Antibody to all wells.
11. Cover with an adhesive film and incubate at room temperature (18–25°C) for 2 hours on a microplate shaker.
12. Prepare the anti-rabbit-IgG-HRP (see "Anti-rabbit-IgG-HRP" on page 3).
13. Remove adhesive film and empty wells. Wash microwell strips 3 times according to point 4 of the test protocol. Proceed immediately to the next step.
14. Add 100 µL of diluted anti-rabbit-IgG-HRP to all wells, including the blank wells.
15. Cover with an adhesive film and incubate at room temperature (18–25°C) for 1 hour on a microplate shaker.
16. Remove adhesive film and empty wells. Wash microwell strips three times according to point 4 of the test protocol. Proceed immediately to the next step.
17. Pipette 100 µL of TMB Substrate Solution to all wells.
18. Incubate the microwell strips at room temperature (18–25°C) for about 15 minutes. Avoid direct exposure to intense light.

    The color development on the plate should be monitored and the substrate reaction stopped (see next point of this protocol) before positive wells are no longer properly recordable. Determination of the ideal time period for color development has to be done individually for each assay.

    It is recommended to add the stop solution when the highest standard has developed a dark blue color. Alternatively the color development can be monitored by the ELISA reader at 620 nm. The substrate reaction should be stopped as soon as Standard 1 has reached an OD of 0.9–0.95.
19. Stop the enzyme reaction by quickly pipetting 100 µL of Stop Solution into each well. It is important that the Stop Solution is spread quickly and uniformly throughout the microwells to completely inactivate the enzyme. Results must be read immediately after the Stop Solution is added or within one hour if the microwell strips are stored at 2–8°C in the dark.
20. Read absorbance of each microwell on a spectro-photometer using 450 nm as the primary wave length (optionally 620 nm as the reference wave length; 610 nm to 650 nm is acceptable). Blank the plate reader according to the manufacturer's instructions by using the blank wells. Determine the absorbance of both the samples and the standards.

Calculation of results

- Calculate the average absorbance values for each set of duplicate standards and samples. Duplicates should be within 20 percent of the mean value.
- Create a standard curve by plotting the mean absorbance for each standard concentration on the ordinate against the human Caspase- 8 concentration on the abscissa. Draw a best fit curve through the points of the graph (a 5-parameter curve fit is recommended).
- To determine the concentration of circulating human Caspase 8 for each sample, first find the mean absorbance value on the ordinate and extend a horizontal line to the standard curve. At the point of intersection, extend a vertical line to the abscissa and read the corresponding human Caspase 8 concentration.
- If instructions in this protocol have been followed, samples have been diluted 1:2 (50 µL sample + 50 µL Sample Diluent) and the concentration read from the standard curve must be multiplied by the dilution factor (x 2).
- Calculation of samples with a concentration exceeding standard 1 may result in incorrect, low human Caspase 8 levels (Hook Effect). Such samples require further external predilution according to expected human Caspase 8 values with Sample Diluent in order to precisely quantitate the actual human Caspase 8 level.
- It is suggested that each testing facility establishes a control sample of known human Caspase 8 concentration and runs this additional control with each assay. If the values obtained are not within the expected range of the control, the assay results may be invalid.
- A representative standard curve is shown in Figure 8.

  Note: Do not use this standard curve to derive test results. Each laboratory must prepare a standard curve for each group of microwell strips assayed.

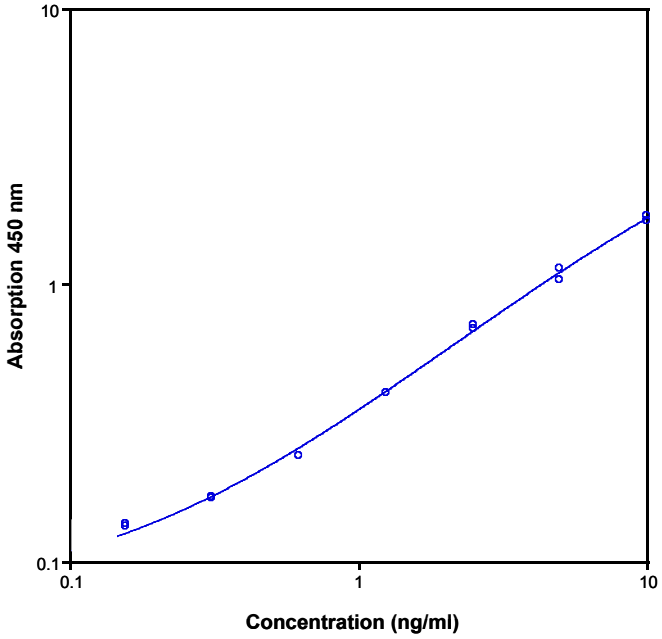

Fig. 8 Representative standard curve for human caspase 8 ELISA. Human Caspase 8 was diluted in serial 2-fold steps in Sample Diluent.

Table 2 Typical data using the human caspase 8 ELISA.

Measuring wavelength: 450 nm

Reference wavelength: 620 nm

Standard	Human Caspase 8 Concentration (ng/mL)	O.D. at 450 nm	Mean O.D. at 450 nm	C.V. (%)
1	10.00	1.776 1.700	1.738	3.1
2	5.00	1.139 1.033	1.086	6.9
3	2.50	0.714 0.695	0.705	1.9
4	1.25	0.405 0.404	0.405	0.3
5	0.63	0.239 0.241	0.240	0.6
6	0.31	0.169 0.170	0.170	0.4
7	0.16	0.134 0.137	0.136	1.6
Blank	0.00	0.097	0.094	5.3

The OD values of the standard curve may vary according to the conditions of assay performance (e.g., operator, pipetting technique, washing technique, or temperature effects). Furthermore, shelf life of the kit may affect enzymatic activity and thus color intensity. Values measured are still valid.

Limitations

- Since exact conditions may vary from assay to assay, a standard curve must be established for every run.
- Bacterial or fungal contamination of either screen samples or reagents or cross-contamination between reagents may cause erroneous results.
- Disposable pipette tips, flasks or glassware are preferred, reusable glassware must be washed and thoroughly rinsed of all detergents before use.
- Improper or insufficient washing at any stage of the procedure will result in either false positive or false negative results. Empty wells completely before dispensing fresh wash solution, fill with Wash Buffer as indicated for each wash cycle and do not allow wells to sit uncovered or dry for extended periods.
- The use of radioimmunotherapy has significantly increased the number of patients with human anti-mouse IgG antibodies (HAMA). HAMA may interfere with assays utilizing murine monoclonal antibodies leading to both false positive and false negative results. Serum samples containing antibodies to murine immunoglobulins can still be analyzed in such assays when murine immunoglobulins (serum, ascitic fluid, or monoclonal antibodies of irrelevant specificity) are added to the sample.

Performance characteristics

Sensitivity

The limit of detection of human Caspase 8 defined as the analyte concentration resulting in an absorbance significantly higher than that of the dilution medium (mean plus two standard deviations) was determined to be 0.10 ng/mL (mean of 6 independent assays).

Reproducibility

Intra-assay

Reproducibility within the assay was evaluated in 3 independent experiments. Each assay was carried out with 6 replicates of 8 serum samples containing different concentrations of human Caspase 8. Two standard curves were run on each plate. Data below show the mean human Caspase 8 concentration and the coefficient of variation for

each sample (see Table 3). The calculated overall intra-assay coefficient of variation was 6.7%.

Table 3 The mean human Caspase 8 concentration and the coefficient of variation for each sample.

Sample	Experiment	Mean human Caspase 8 concentration (ng/mL)	Coefficient of variation (%)
1	1	5.93	7
	2	6.22	9
	3	5.75	8
2	1	4.49	10
	2	4.21	10
	3	4.91	8
3	1	3.15	4
	2	3.51	8
	3	3.90	5
4	1	2.94	6
	2	3.17	6
	3	3.18	4
5	1	8.00	2
	2	7.68	4
	3	8.80	4
6	1	3.63	6
	2	3.58	4
	3	4.40	6
7	1	1.87	5
	2	1.77	9
	3	2.17	7
8	1	0.93	8
	2	0.91	10
	3	1.12	9

Inter-assay

Assay to assay reproducibility within one laboratory was evaluated in three independent experiments. Each assay was carried out with six replicates of eight serum samples containing different concentrations of human Caspase 8. Two standard curves were run on each plate. Data below show the mean human Caspase 8 concentration and the coefficient of variation calculated on 18 determinations of each sample (see Table 4). The calculated overall inter-assay coefficient of variation was 8.5%.

Table 4 The mean human Caspase 8 concentration and the coefficient of variation of each sample.

Sample	Mean human Caspase 8 concentration (ng/mL)	Coefficient of variation (%)
1	5.97	4.0
2	4.54	7.8
3	3.52	10.7
4	3.10	4.4
5	8.16	7.1
6	3.87	11.9
7	1.94	10.7
8	0.99	11.5

Spike recovery

The spike recovery was evaluated by spiking 4 levels of human Caspase 8 into serum. Recoveries were determined in 3 independent experiments with 4 replicates each. The unspiked serum was used as blank in these experiments. The overall mean recovery was 89.5%.

Dilution parallelism

Serum samples with different levels of human Caspase 8 were analyzed at serial 2-fold dilutions with four replicates each. The recovery ranged from 85% to 111% with an overall recovery of 100%.

Sample	Dilution	Expected human Caspase 8 concentration (ng/mL)	Observed human Caspase 8 concentration (ng/mL)	Recovery of expected human Caspase 8 concentration (%)
1	1:2	–	5.96	–
	1:4	2.98	3.27	110
	1:8	1.63	1.73	106
	1:16	0.86	0.87	101
2	1:2	–	9.42	–
	1:4	4.71	4.19	89
	1:8	2.10	2.02	97
	1:16	1.01	1.05	104
3	1:2	–	2.94	–
	1:4	1.47	1.63	111
	1:8	0.81	0.84	104
	1:16	0.42	0.44	104
4	1:2	–	5.02	–
	1:4	2.51	2.12	85
	1:8	1.06	0.99	94
	1:16	0.50	0.46	93

Sample stability

Freeze-Thaw stability

Aliquots of serum samples were stored at -20°C and thawed five times, and the human Caspase 8 levels determined. There was no significant loss of human Caspase 8 immunoreactivity detected by freezing and thawing.

Storage stability

Aliquots of serum samples were stored at –20°C, 2–8°C, room temperature, and at 37°C, and the human Caspase 8 level determined after 72 hours. There was no significant loss of human Caspase 8 immunoreactivity detected during storage under above conditions.

Specificity

The assay detects both natural and recombinant human Caspase 8. The interference of circulating factors of the immune system was evaluated by spiking these proteins at physiologically relevant concentrations into a Caspase 8 positive serum. No cross-reactivity was detected.

Expected values

A panel of 40 sera samples from randomly selected donors (males and females) was tested for human Caspase 8. The detected human Caspase 8 levels ranged between n.d. and 1.2 ng/mL.

Reagent preparation summary

Wash buffer (1x)

Add Wash Buffer Concentrate 20x (50 mL) to 950 mL distilled water.

Number of Strips	Wash Buffer Concentrate (mL)	Distilled Water (mL)
1 - 6	25	475
1 - 12	50	950

Assay buffer (1x)

Add Assay Buffer Concentrate 20x (5 mL) to 95 mL distilled water.

Number of Strips	Assay Buffer Concentrate (mL)	Distilled Water (mL)
1 - 6	2.5	47.5
1 - 12	5.0	95.0

Lysis buffer
Add Lysis Buffer Concentrate 10x (15 mL) to 135 mL distilled water.

Detection antibody
Make a 1:100 dilution of Detection Antibody in Assay Buffer (1x):

Number of Strips	Detection Antibody (mL)	Assay Buffer (1x) (mL)
1 - 6	0.03	2.97
1 - 12	0.06	5.94

Anti-rabbit-IgG-HRP
Make a 1:2000 dilution of anti-rabbit-IgG-HRP in Assay Buffer (1x):

Number of Strips	Anti-rabbit-IgG-HRP (mL)	Assay Buffer (1x) (mL)
1 - 6	0.003	6.000
1 - 12	0.006	12.000

Human caspase 8 standard
Reconstitute lyophilized human Caspase 8 standard with distilled water. (Reconstitution volume is stated on the label of the standard vial.)

Test protocol summary
Note: If instructions in this protocol have been followed, samples have been diluted 1:2 (50 µL sample + 50 µL Sample Diluent) and the concentration read from the standard curve must be multiplied by the dilution factor (x 2).

1. Prepare cell extracts by addition of Lysis Buffer.
2. Samples expected to exceed S1 must be diluted with Sample Diluent.
3. Determine the number of microwell strips required.
4. Wash microwell strips twice with Wash Buffer.
5. Standard dilution on the microwell plate: Add 100 µL Sample Diluent, in duplicate, to all standard wells Pipette 100 µL prepared standard into the first wells and create standard dilutions by transferring 100 µL from well to well. Discard 100 µL from the last wells.

   Alternatively, external standard dilution in tubes (see "External standard dilution" on page 3): Pipette 100 µL of these standard dilutions in the microwell strips.
6. Add 100 µL Sample Diluent, in duplicate, to the blank wells.
7. Add 50 µL Sample Diluent to sample wells.
8. Add 50 µL sample in duplicate, to designated sample wells.
9. Prepare Detection Antibody.
10. Add 50 µL Detection Antibody to all wells.
11. Cover microwell strips and incubate 2 hours at room temperature (18–25°C).
12. Prepare anti-rabbit-IgG-HRP.
13. Empty and wash microwell strips 3 times with Wash Buffer.
14. Add 100 µL diluted anti-rabbit-IgG-HRP to all wells.
15. Cover microwell strips and incubate 1 hour at room temperature (18–25°C).
16. Empty and wash microwell strips 3 times with Wash Buffer.
17. Add 100 µL of TMB Substrate Solution to all wells.
18. Incubate the microwell strips for about 15 minutes at room temperature (18–25°C).
19. Add 100 µL Stop Solution to all wells.
20. Blank microwell reader and measure color intensity at 450 nm.

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